

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
<del>1</del>	1	<del>31</del>	31		61		
<del>2</del>	2	<del>32</del>	32		62		181
<del>3</del>	3	<del>33</del>	33		63		182
<del>4</del>	4	<del>34</del>	34		64		183
<del>5</del>	5		35		65		184
<del>6</del>	6		36		66		185
<del>7</del>	7		37		67		186
<del>8</del>	8		38		68		187
<del>9</del>	9		39		69		188
<del>10</del>	10		40		70		189
<del>11</del>	11		41		71		190
<del>12</del>	12		42		72		191
<del>13</del>	13		43		73		192
<del>14</del>	14		44		74		193
<del>15</del>	15		45		75		194
<del>16</del>	16		46		76		195
<del>17</del>	17		47		77		196
<del>18</del>	18		48		78		197
<del>19</del>	19		49		79		198
<del>20</del>	20		50		80		199
<del>21</del>	21		51		81		200
<del>22</del>	22		52		82		201
<del>23</del>	23		53		83		202
<del>24</del>	24		54		84		203
<del>25</del>	25		55		85		204
<del>26</del>	26		56		86		205
<del>27</del>	27		57		87		206
<del>28</del>	28		58		88		207
<del>29</del>	29		59		89		208
<del>30</del>	30		60		90		209
							210